After it hits the fan—Preparing staff for workplace crises

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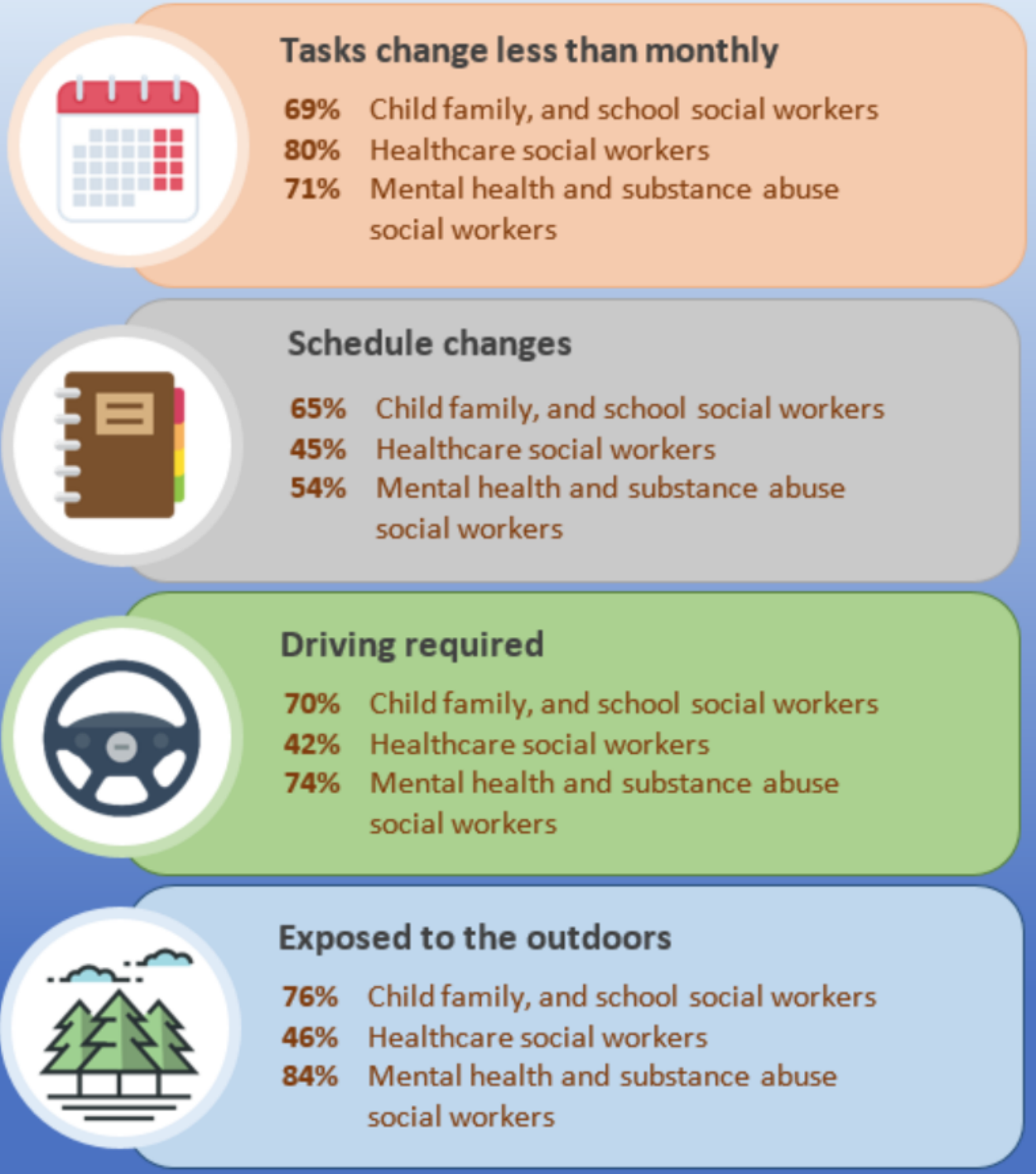
Duluth, MN 2019

Agenda

- Crises in HHS
- Impact on staff
- Conducting a Risk audit
- Communication during crisis
- What staff & administrators need during crisis
- Recovery & resilience

The normal pace of work is already stressful

Percentage of social workers with selected physical requirements, cognitive demands, and environmental conditions—BLS 2017



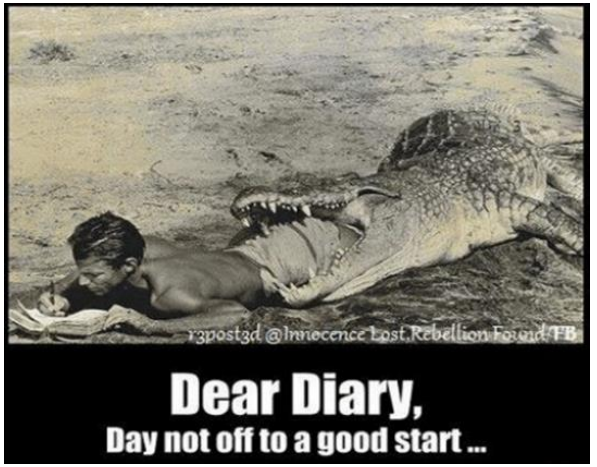
Types of Crises in HHS

- **Criminal attacks**: Physical violence, sexual assault
- **Natural disaster**: Blizzard, flood, tornadoes, forest fire
- **Economic strain**: Strikes, merger, boycotts, funding cuts
- **Industrial disaster**: Contaminations, explosion, fires, spills
- **Technology**: Computer virus, major operator errors, security breakdown, telecommunication breakdown, file loss
- **Legal**: Wrongful death, class action suits, punitive damages
- **Reputational**: Damaging/false rumors, damage to reputation, ethical violation, confidentiality breach
- **Human resources**: Executive succession, family/employee violence, hostile workplace culture, turnover, business takeover
- **Health**: Contagion/contamination, job injuries, job related deaths
- **Regulatory**: Adverse regulations, not meeting critical regulations, violations

What are the potential costs of…..

- Mandatory security and procedural changes
- Investigations by licensing or legal agencies
- Administrator time to respond to issues
- Staff embarrassment in the community
- Challenges to your programs
- Staff stress & turnover
- Insurance increases
- Legal consultation
- Reduced funding
- Fewer referrals
- Liability claims
- Fines

It's the business we're in…



- A report on workplace violence showed 75% of annual workplace assaults occur in HHS settings; 4x more than in private industry
- Social work is among the top 10 most dangerous professions. 50-80% of human service workers have experienced threats, damaged property or personal injury during their career
- In a study of emergency room physicians, 75% had been threatened, 28% assaulted, and 18% had a gun for protection
- Over half of staff who are assaulted have difficulty concentrating following the incident
- In any work group about 15% of staff will have symptoms of acute stress disorder or PTSD (DeFraia, http://www.theijoem.com/ 2015. 6(3), 155-168.)

https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf

“Long ago and far away”: Consequences of a client death in a human service agency

- A child died from respiratory arrest during a physical hold in a day treatment program while having an outburst of defiant and uncontrolled risky behavior
- The hold was applied per current training and certification; the facility passed state review two months before
- Media, internet, 387 websites, and local agencies perpetuated inaccuracies & rumors, and socially alienated the staff

Day Treatment Center Media Crisis

COALITION AGAINST INSTITUTIONALIZED CHILD ABUSE

HEADLINE NEWS | CAICA EN FRANÇAIS

CAICA | HOME | NEWS | PROGRAM NEWS | STORIES | DEATHS | WWASPS | PARENTS' CORNER | MISSION | SITE MAP | LINKS & RESOURCES

7,700 Google "hits"

"…wrestled to the ground"

SPECIAL REPORTS

7-year-old Girl Murdered For Blowing Bubbles In Her Milk

Thursday March 22, 2012 2:43 PM

December 1, 2006

Counseling center, staffer charged in girl's death

"…held in a choke hold for over an hour."

…held for 30…60…80…98 minutes

Clinic loses certification

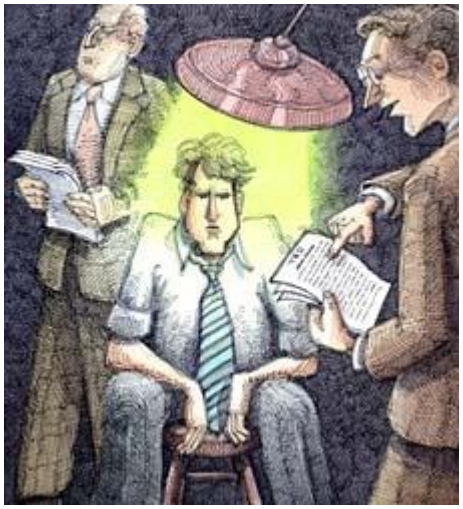
Restraints still used after girl's death

Treatment of mentally ill children denounced

By Meg Kissinger of the Journal Sentinel

- One of the staff who applied the hold was convicted of negligent manslaughter & served 6 months in jail, never to work in the human services field again
- 70% staff turnover related to the stress of investigation; some still report symptoms of PSTD
- $100,000 fine for “negligence”
- Six years later, one law suit was still pending
- On the positive side– it changed their culture and reduced holds by 80%

Friend or foe: Effects of Adversarial vs Collaborative Investigations



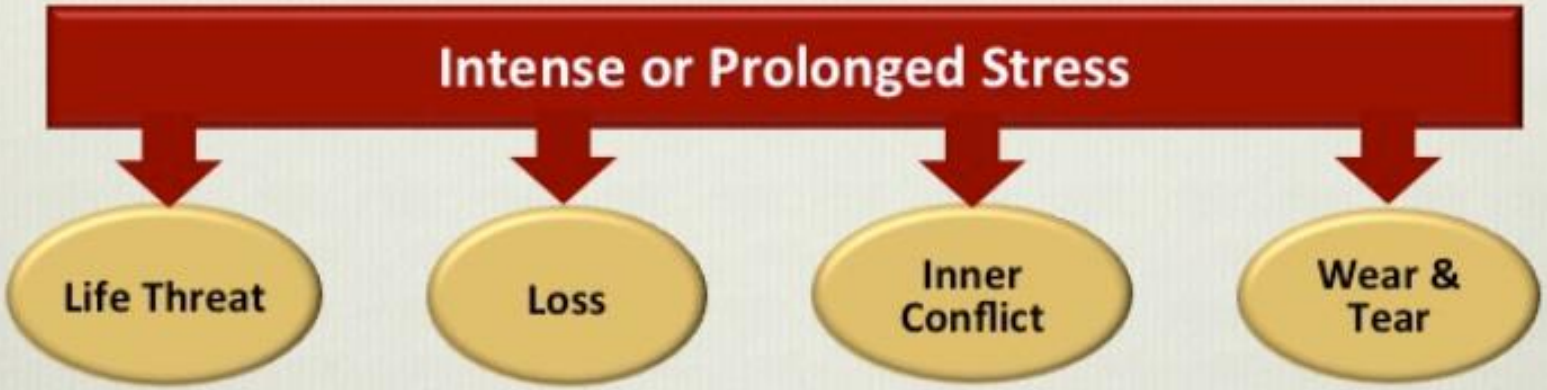
- **Sample**: 125 child care agencies in 38 states (residential, group home, treatment foster care, day Treatment). All experienced at least one violation investigation
- **Collaborative style**: Courteous, trust, mutual goal of protecting staff and clients, improvement in quality of care, learning from mistakes, sharing information
- **Adversarial style**: No notice, “reading rights,” threats, intimidation, predrawn conclusions, withholding information, arrogance

Swenson, D. X., Wolleat, R., & Grace, D. (2003). Friend or foe: The effects of adversarial versus collaborative styles of treatment violation investigation. *Journal of Child and Youth Care Work. 17*, 204-217.

Results: 25 % of facilities reported having negative experiences with investigation.

- 93% of staff had lower respect for the investigative process & system
- 83% of staff morale deteriorated as a result of investigation
- 80% discouraged staff commitment to the field
- 72% felt badly about themselves and the work they do
- 63% took a highly defensive position regarding investigation
- 43% showed self doubt and second guessing in subsequent case decision making
- 37% became very cautious in sharing information with parents
- 13% reported that the quality of treatment had declined

Four Causes of Stress Injury



A traumatic injury

Due to an experience of death-provoking terror, horror or helplessness

A grief injury

Due to the loss of cherished people, things or parts of oneself

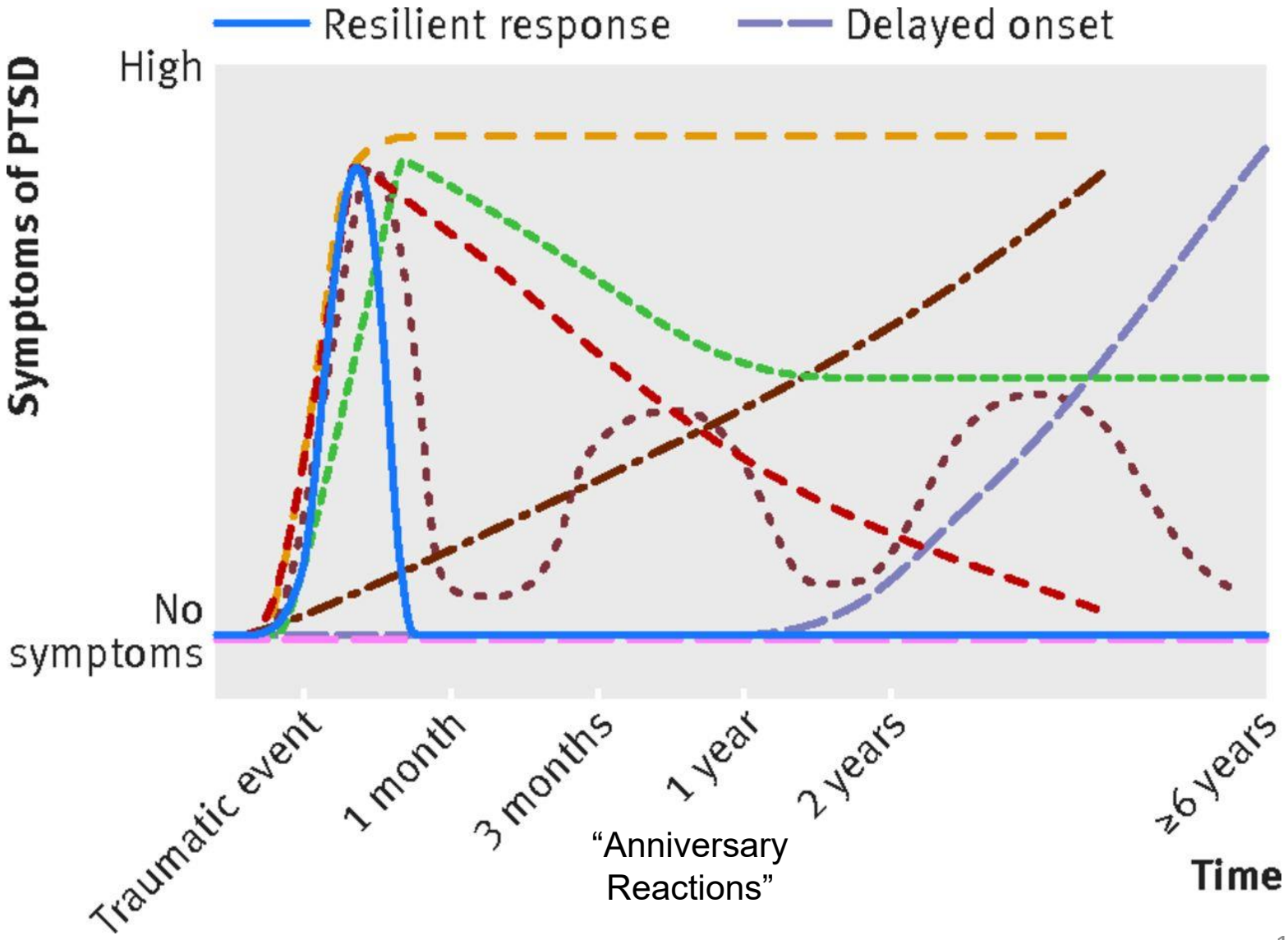
A moral injury

Due to behaviors or the witnessing of behaviors that violate moral values

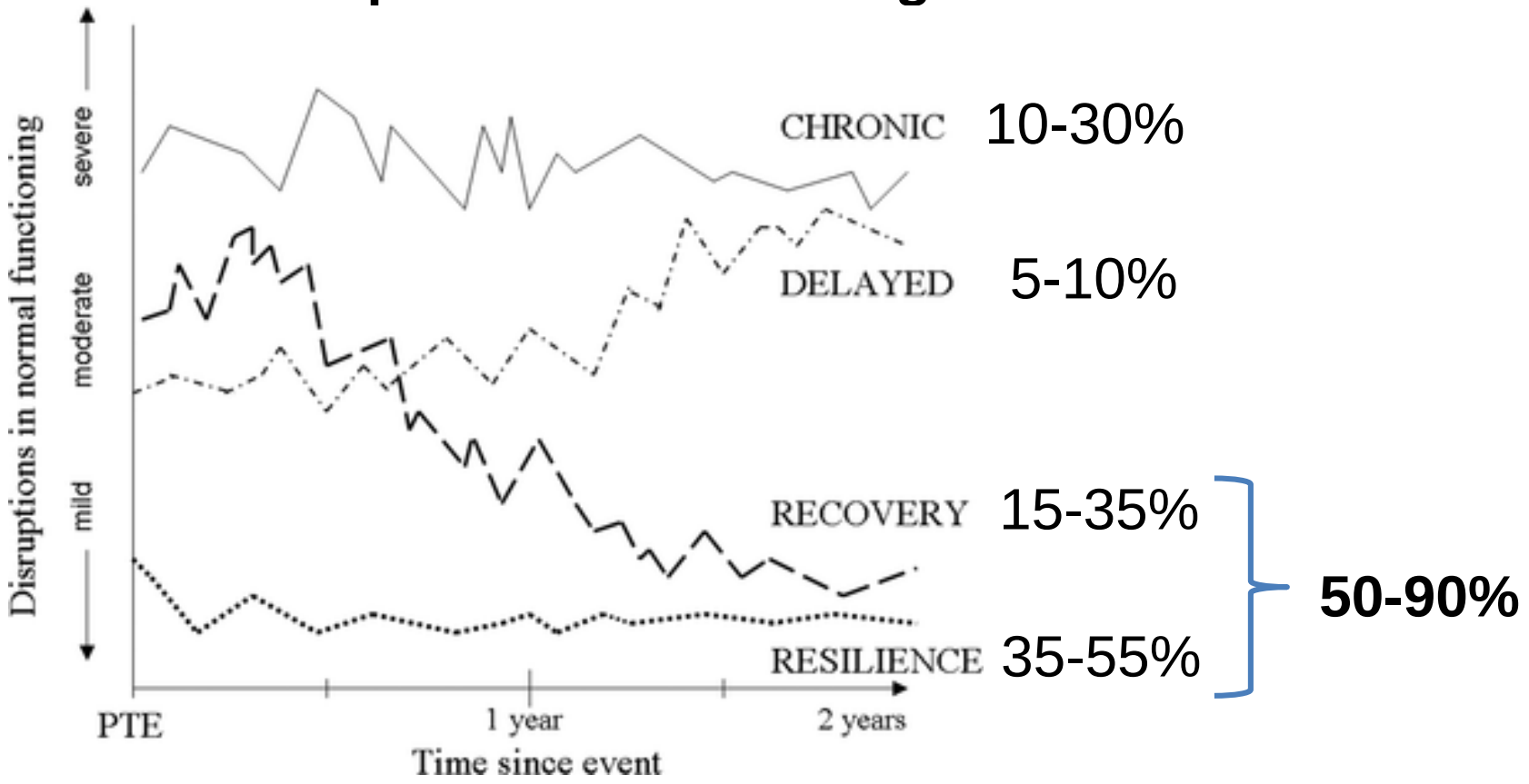
A fatigue injury

Due to the accumulation of stress from all sources over time without sufficient rest and recovery

Many Trajectories of Trauma Reaction



We should not assume that all trauma exposure results in long-term PTSD



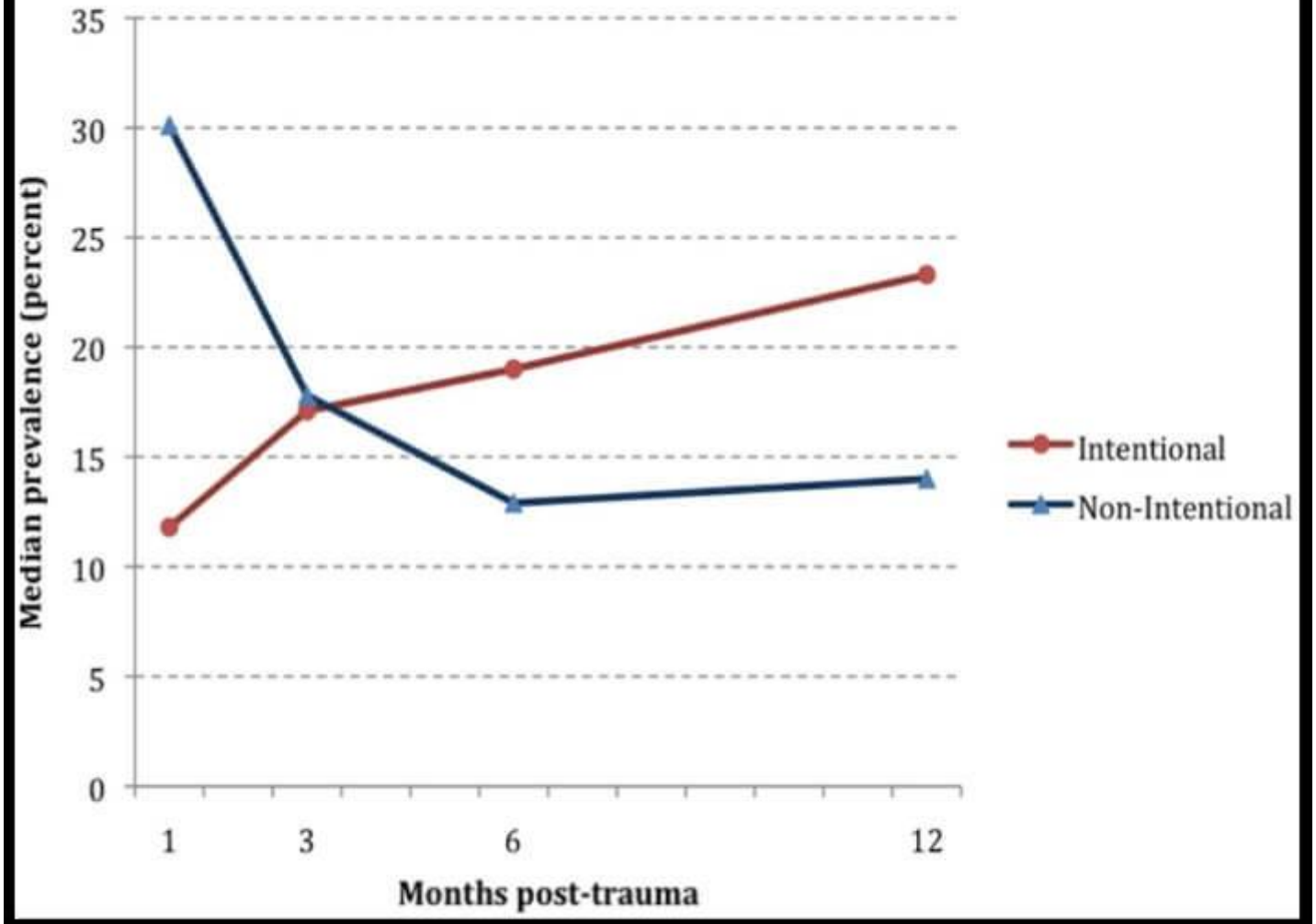
Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist ,59*(1), 20-28.

Choe, I. (2005). The debate over psychological debriefing for PTSD. *The New School Psychology Bulletin, 3*(2), 71-82.

Perceptual & Sensory Distortions & "flashbulb memories"

- Slow or fast motion
- Tunnel vision (visual scan)
- Tunnel hearing ("check six")
- Sounds louder or quieter
- Amnesia for some parts of event or behavior
- Memory distortion (saw heard things that didn't happen)
- Increased attention to detail or distracting intrusive thoughts
- Detachment, unreality
- Distortion in distance, color, facial recognition, lighting
- Temporary paralysis

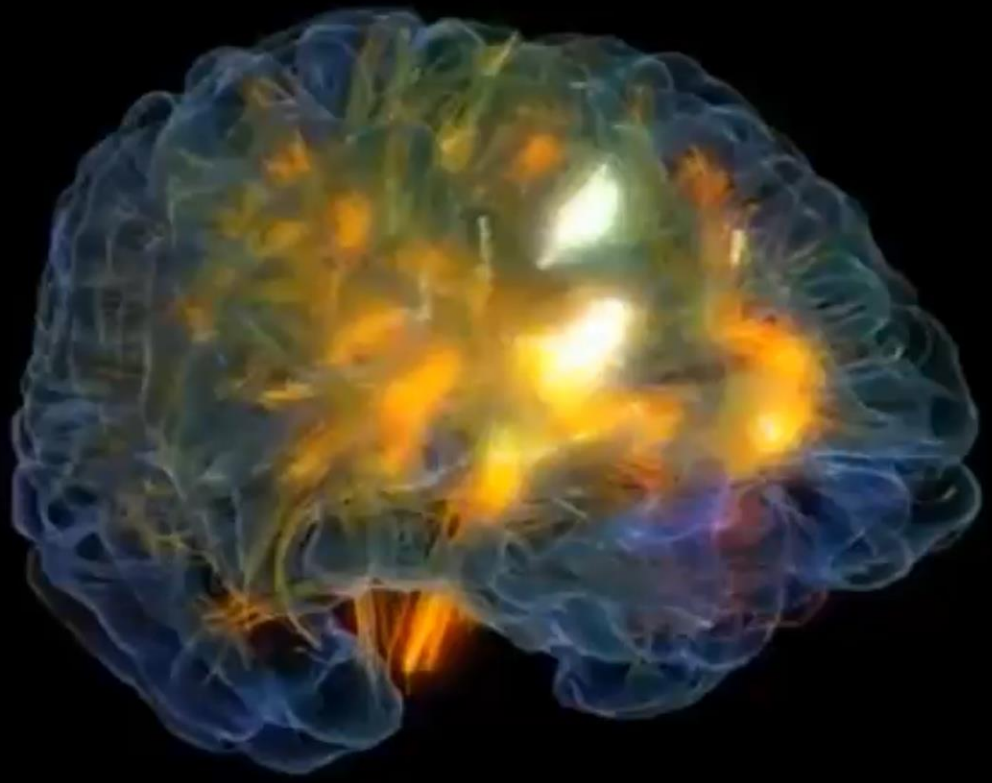
Posttraumatic Stress Disorder Rates in people experiencing intentional and non-intentional trauma



source: Santiago PN, Ursano RJ, Gray CL, Pynoos RS, Spiegel D, Lewis-Fernandez R, et al. (2013). A Systematic Review of PTSD Prevalence and Trajectories in DSM-5 Defined Trauma Exposed Populations: Intentional and Non-Intentional Traumatic Events PLoS ONE 8(4): e59236. doi:10.1371/journal.pone.0059236

http://traumadissociation.com/ptsd.html

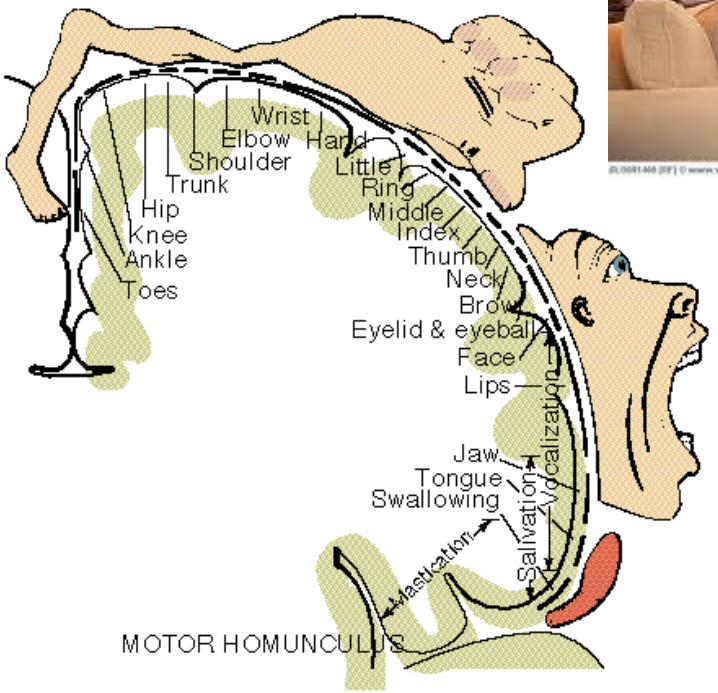
We are Hardwired: Empathy & Fear



Laughing baby

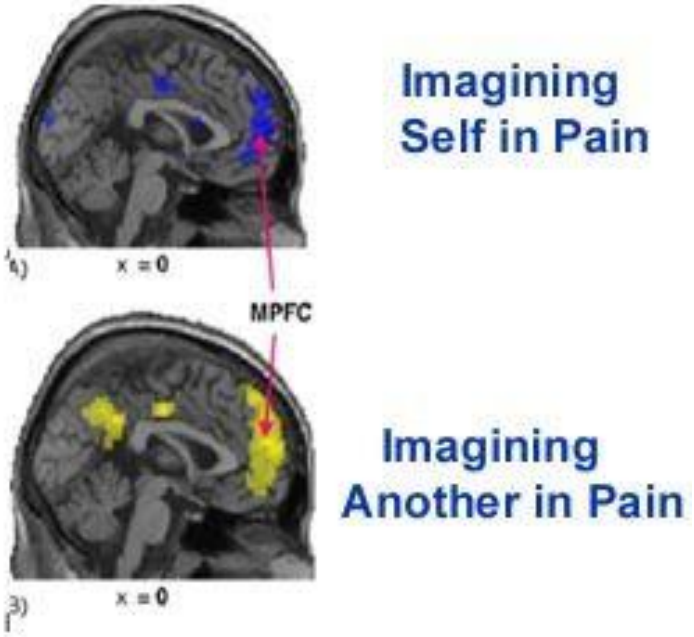
Extreme Skiing

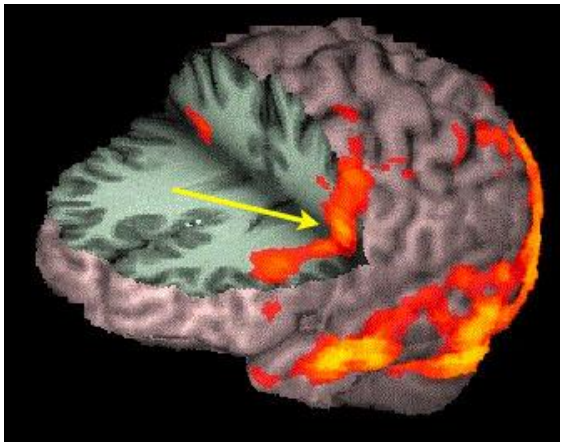
Our brains react as if *we* are the athlete



Mirror neurons:
Reflecting Emotions

- Newborns as young as 72 hours old can imitate some facial expressions
- These appear to be involved in understanding intentions of others, empathy, predicting actions of others, and social bonding
- These seem to be the neurological basis of sympathy, empathy, and over-identification with victims





Vulnerabilities

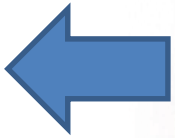
- Previous trauma
- Personal health issues
- Insufficient sleep
- Concurrent stress
- Low social support
- Inexperience, naiveté
- Low coping/resiliency skills
- Low job satisfaction
- Personality factors
- Mental health issues

+

Stress

- Excessive overtime
- High client loads
- High intensity clients
- High crisis clients
- Low supervisory or peer support
- Isolated work
- Ineffective leadership, supervision
- Policy inconsistency
- Role ambiguity, overload, conflict
- Responsibility without control

- Cognitive, emotional, physical stress symptoms
- Absenteeism & Sick time
- Lower job commitment
- Low morale & trust
- Marginal performance
- Long-standing conflicts
- Rumoring & gossip
- Liability claims
- Turnover & leaving the field



Traumatic Event

- **Suddenness**
- **Direct exposure**
- **High intensity**
- **Casualties**
- **Frequency**
- **Duration**

Characteristics of crisis prone organizations

- **Denial**: Refusal to acknowledge a threatening reality. "We don't need to do anything unless the incident leaks; no new is good news" "Let's wait to hear more."
- **Minimizing or Disavowal**: Downplay importance of reality or low risk assessment. "Our 70% staff turnover is normal in this field; we have more important things to do here; we'll deal with it if it happens."
- **Fixation**: Rigid commitment to a particular course of action or attitude in dealing with crisis. "The only thing that should concern us is the bottom line; we'll let the main office take care of it."

- **Grandiosity**: Feeling omnipotent. “We have the best staff and management system; only poor organizations need that; nothing can hurt us; it can’t happen here.”
- **Over-protectiveness**: Concealing or withholding essential information. “We’re ok so long as this doesn’t get out; no one needs to know this.”
- **Procedural**: Have plans completed (but people are not aware, trained, or practiced & ready)

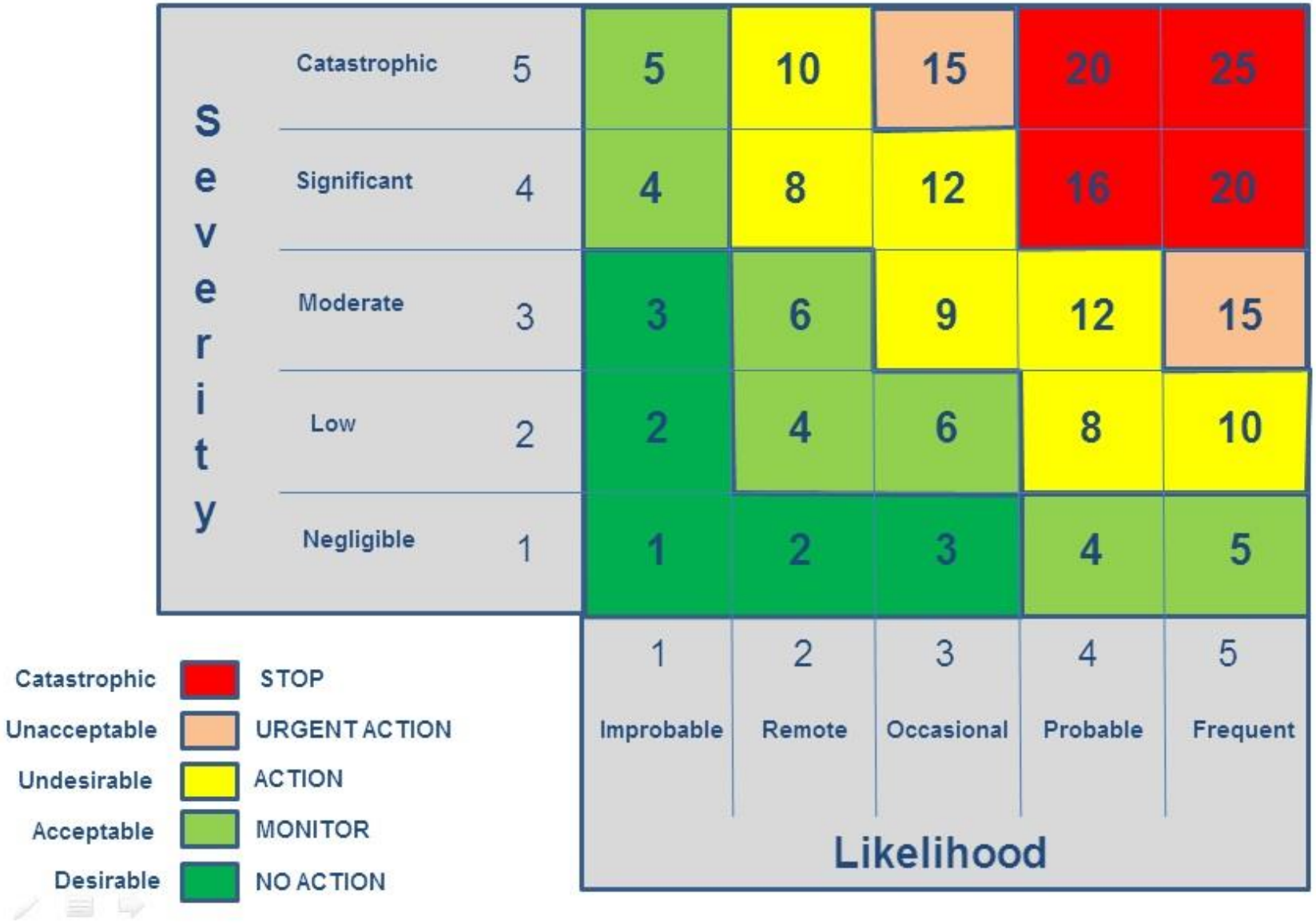
Risk Assessment

- To what kinds of crises is your organization most vulnerable?
    - What is the likelihood of their occurrence?
        - What would the degree of impact be?

Conduct an organizational risk audit

- Determine incidence for your location, service, and client population (other agencies, insurance, police)
- Assess staff awareness of risk and need for training
- Assess potential security risks (access, lockdown, panic buttons, etc.)
- Identify stakeholders, recommendations, response times (police, emergency vehicles, hospital, attorney)
- Identify scheduling issues (few staff, late evening meetings, weekends, etc.)
- Examine documentation procedures (HR injury reports, legal reports, OSHA, etc.)
- Level of staff training in holds & self defense
- Examine policy regarding incident response
- Consider post-event debriefing & followup

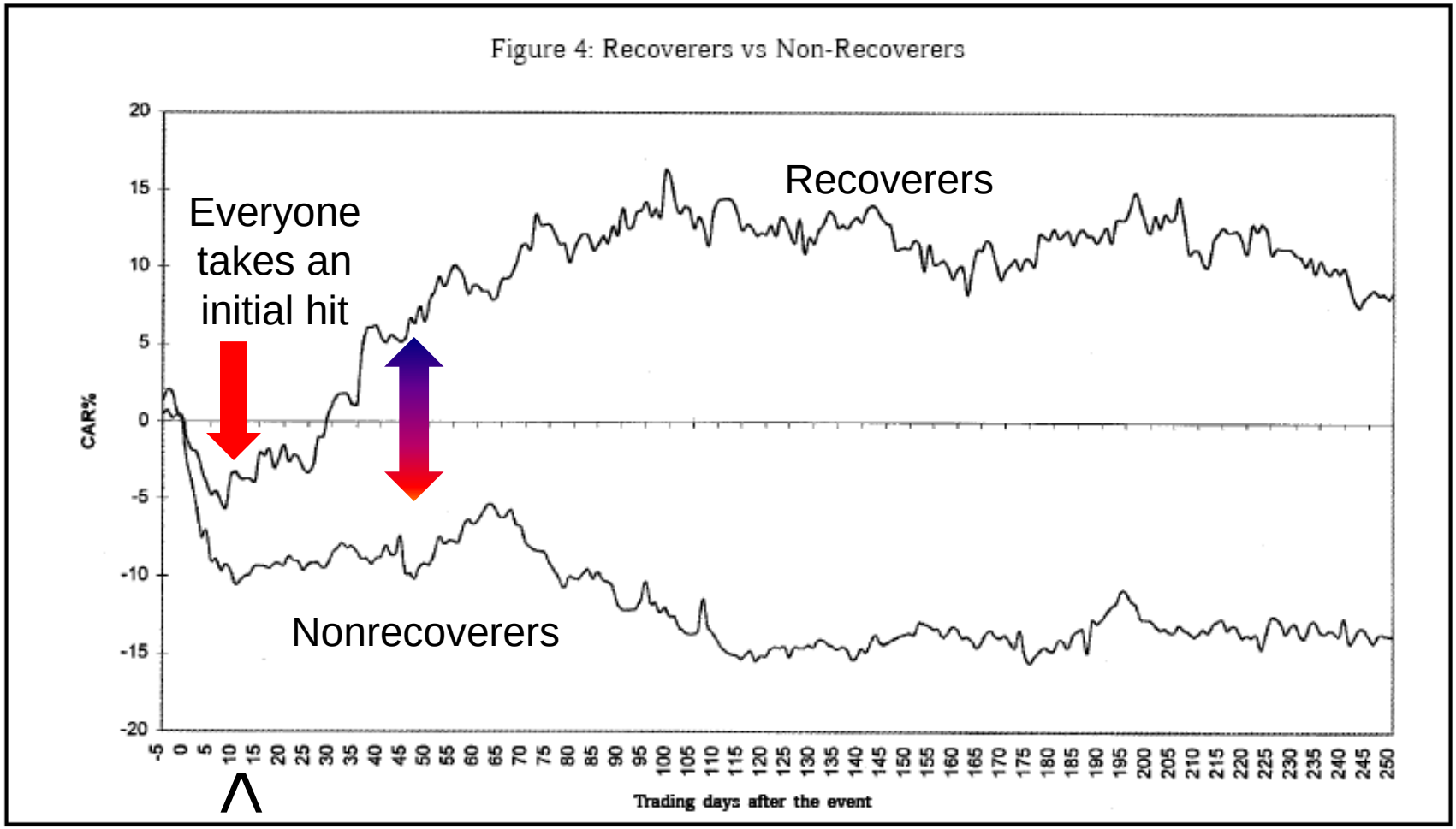
The Risk Audit Matrix— Severity/Likelihood



DB

The Organizational Preparation & Response

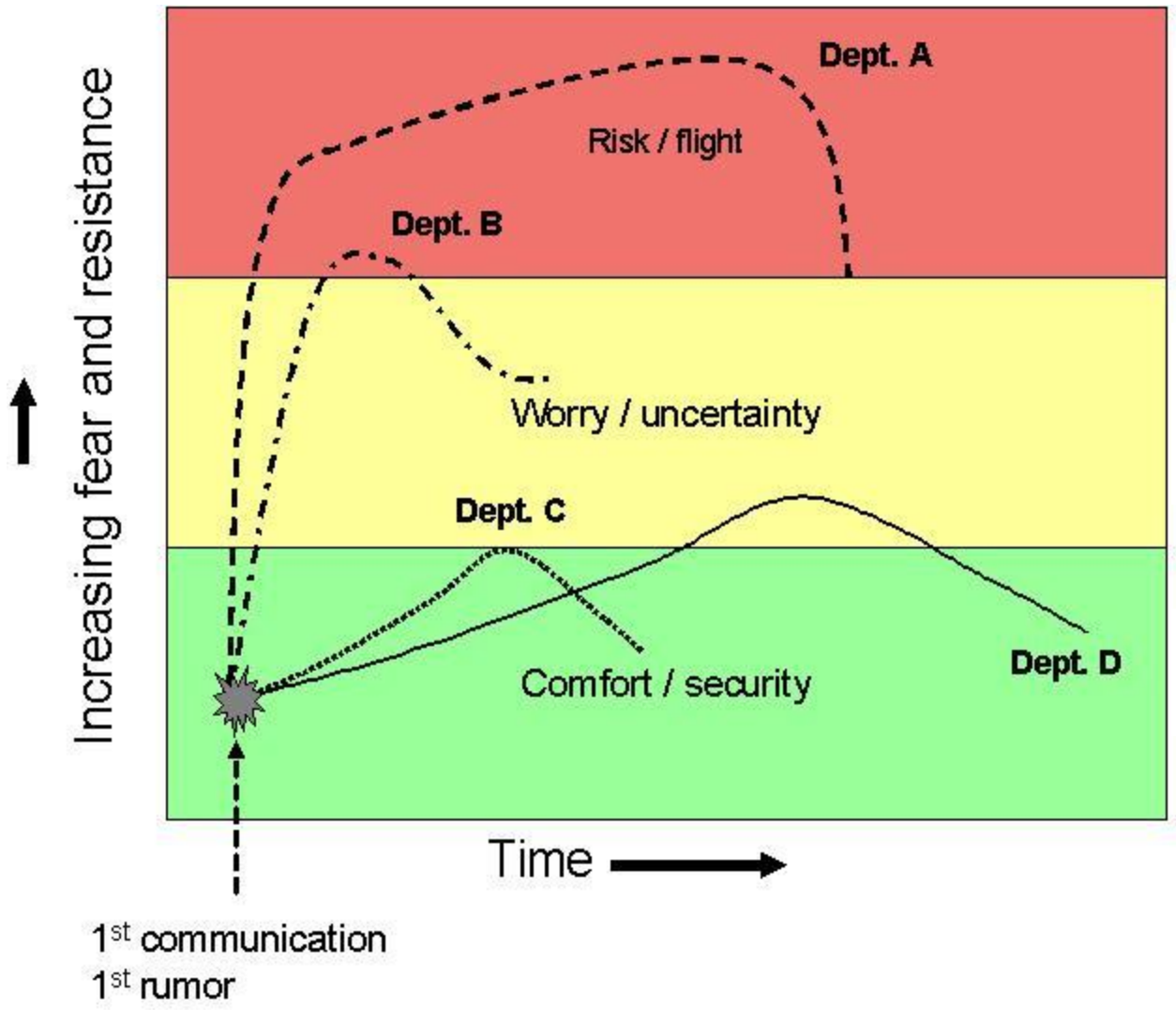
Some organizations recover….some don't



Hill & Knowlton (2011)

DB

Organizational units will not be uniform in their reaction:
Different stakeholders will respond differently to a crisis



Turnover of valued staff
Tangible client impact
Adverse reputation

Productivity loss
Employee dissatisfaction
Low morale

Normal work environment

Stages of Response to Crisis

Typical Level of Performance

Crisis

Shock denial disbelief confusion

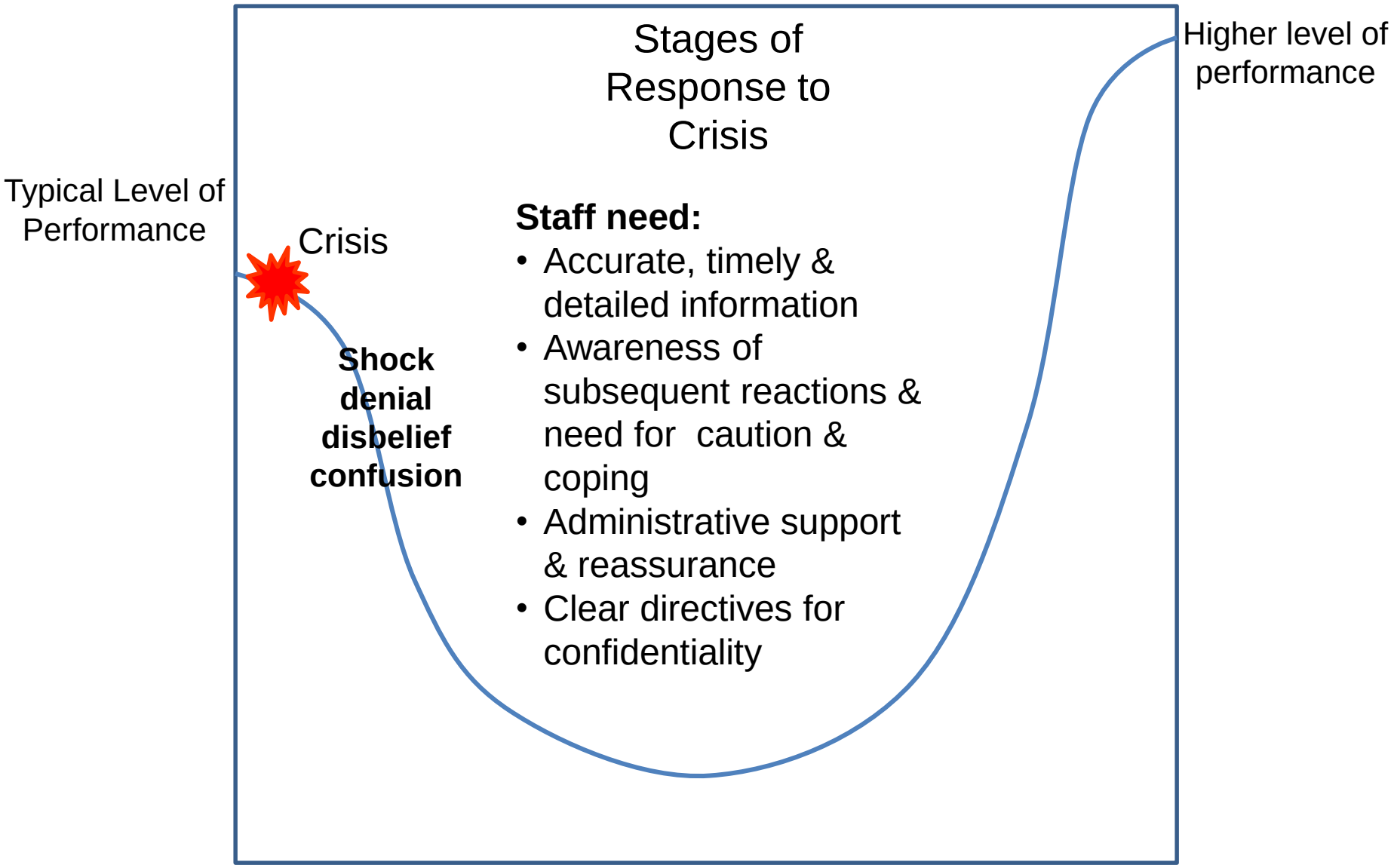
Grief sadness Fear anger, frustration resentment

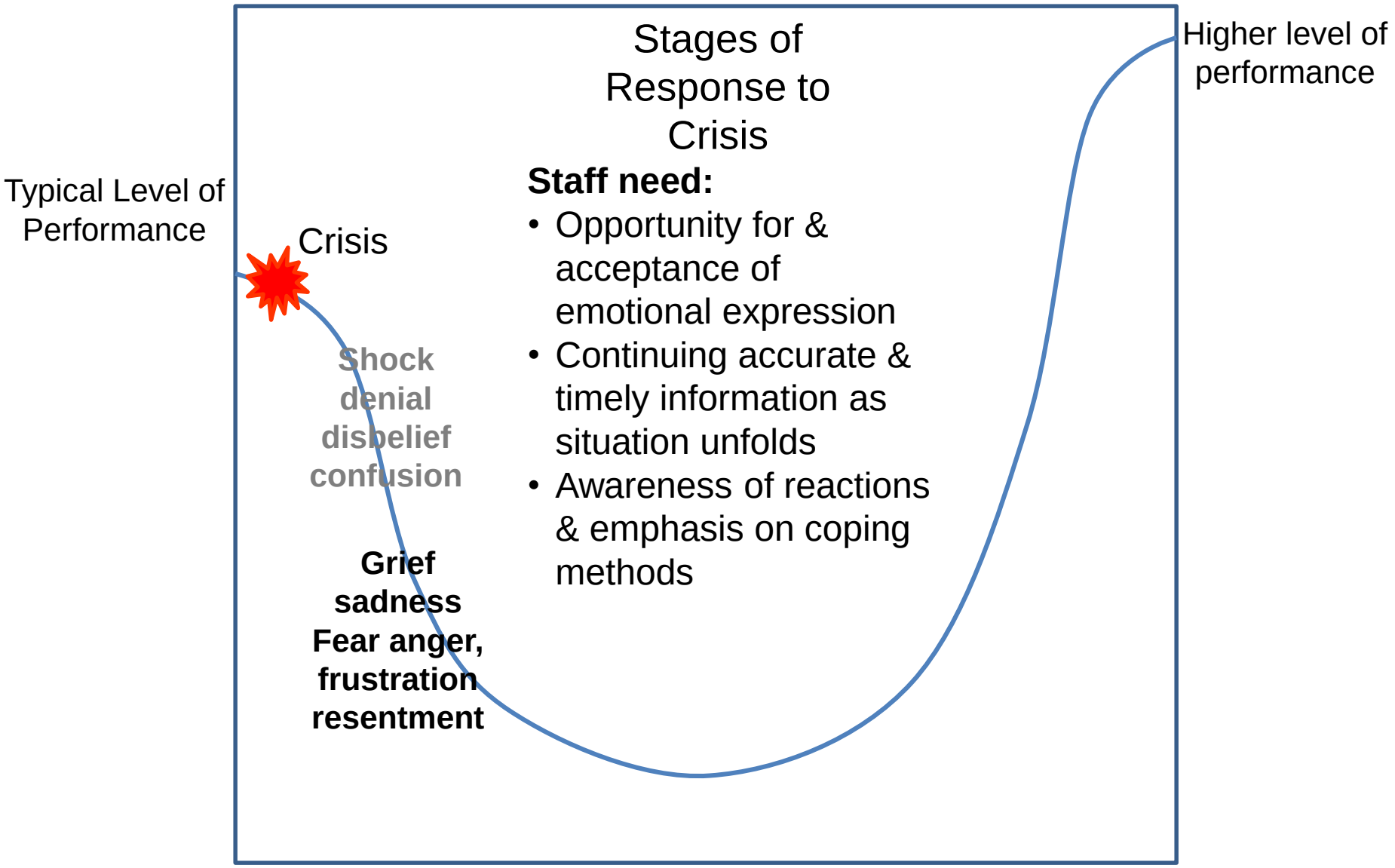
Despair overwhelmed

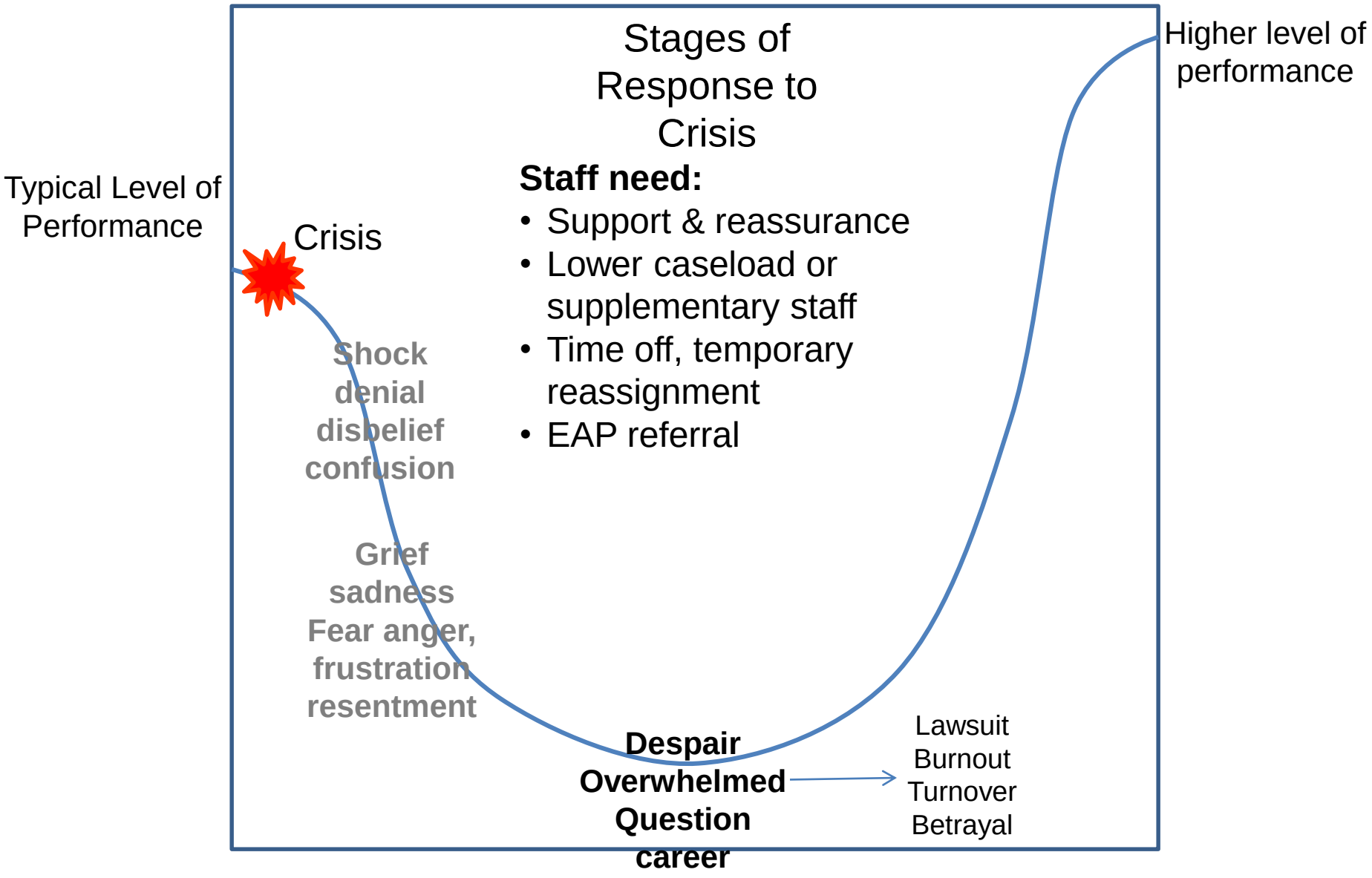
Dialog bargainin g meaning hope

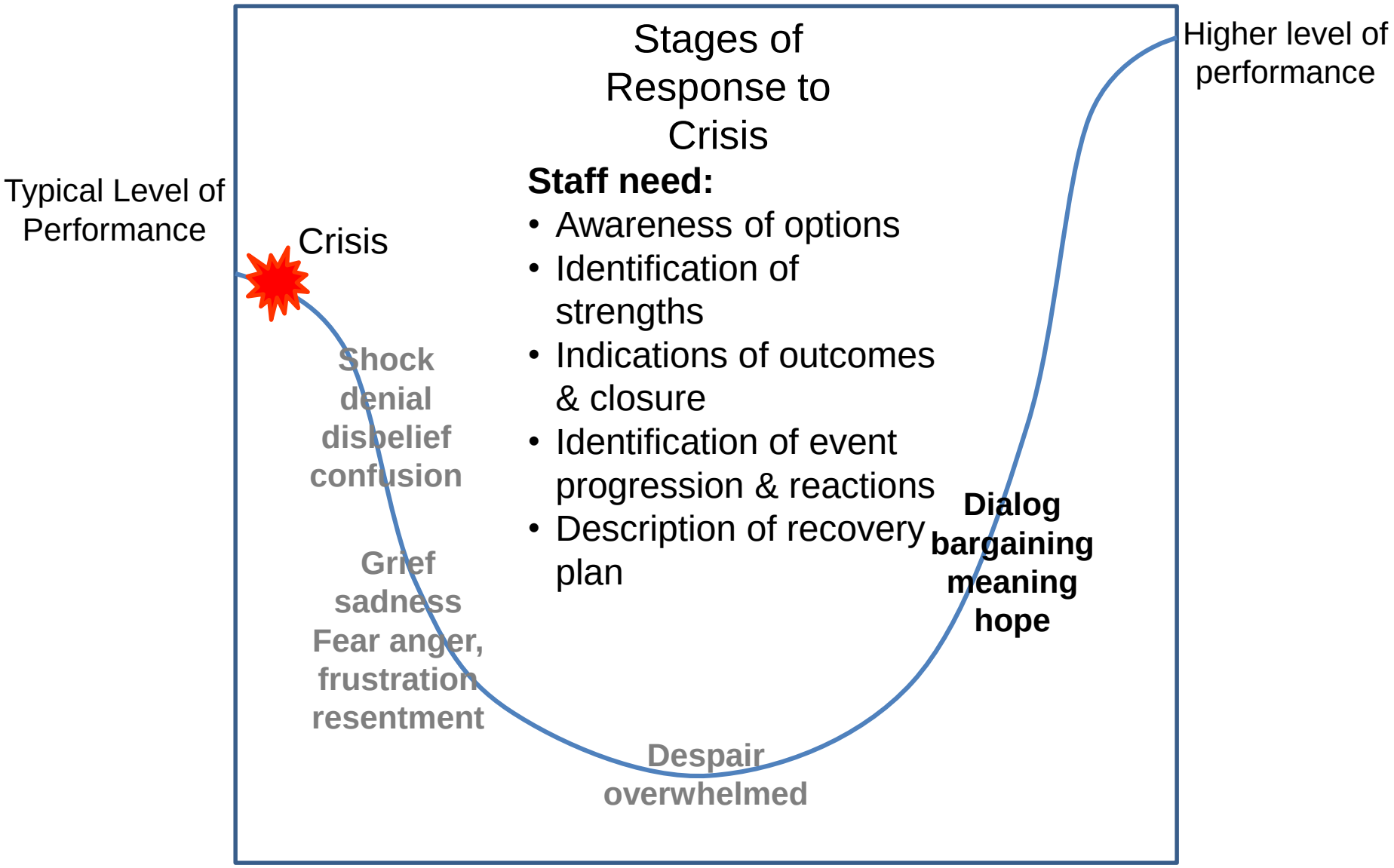
Acceptance resolution learning moving on

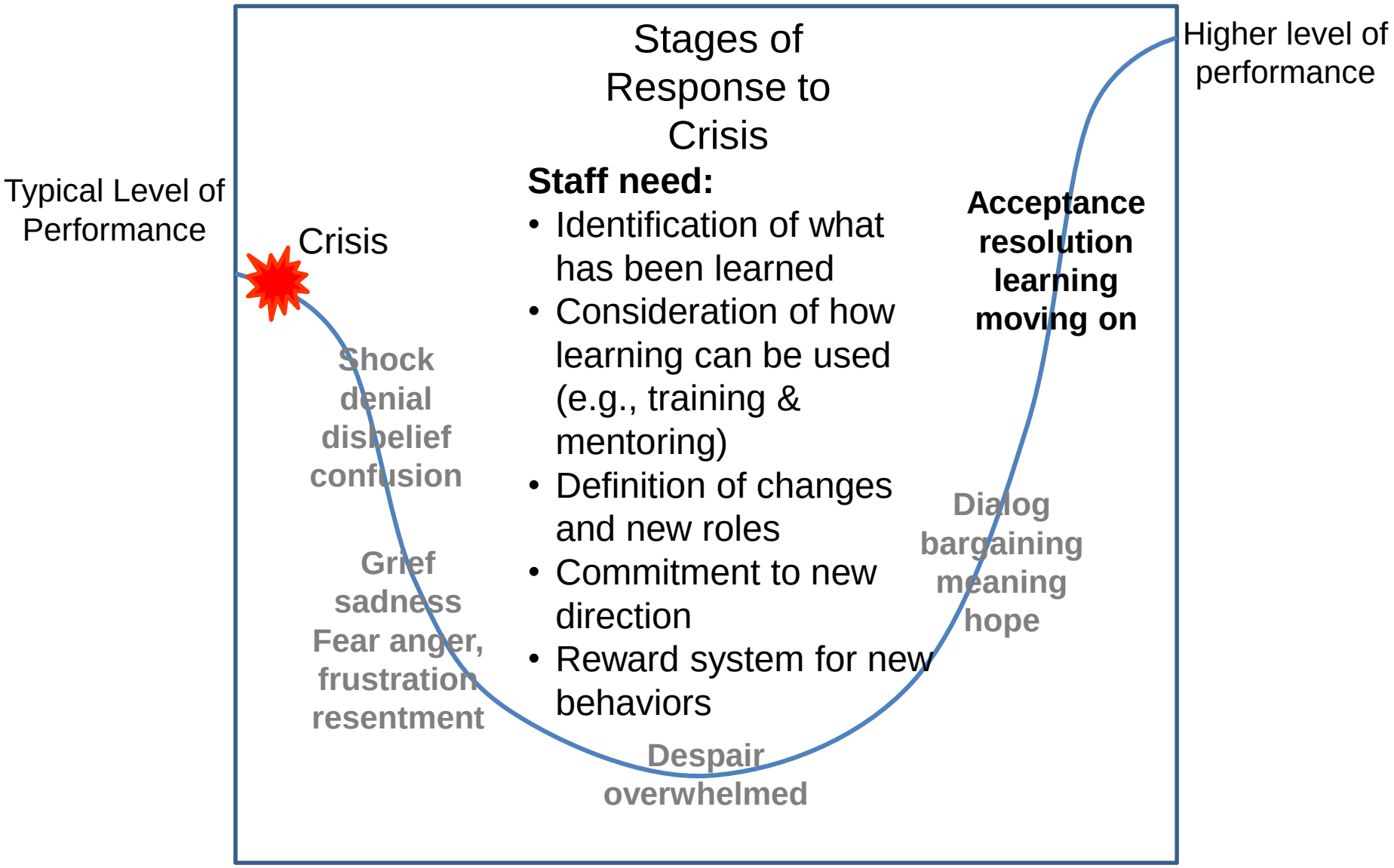
Higher level of performance


Stages of Response to Crisis
Typical Level of Performance
Higher level of performance
Crisis
Shock
denial
disbelief
confusion
Staff need:
• Accurate, timely & detailed information
• Awareness of subsequent reactions & need for caution & coping
• Administrative support & reassurance
• Clear directives for confidentiality


Stages of Response to Crisis
Staff need:
• Opportunity for & acceptance of emotional expression
• Continuing accurate & timely information as situation unfolds
• Awareness of reactions & emphasis on coping methods
Typical Level of Performance
Crisis
Shock denial disbelief confusion
Grief sadness Fear anger, frustration resentment
Higher level of performance


Stages of Response to Crisis
Staff need:
• Support & reassurance
• Lower caseload or supplementary staff
• Time off, temporary reassignment
• EAP referral
Typical Level of Performance
Higher level of performance
Crisis
Shock
denial
disbelief
confusion
Grief
sadness
Fear anger, frustration
resentment
Despair
Overwhelmed
Question career
Lawsuit
Burnout
Turnover
Betrayal


Stages of Response to Crisis
Staff need:
• Awareness of options
• Identification of strengths
• Indications of outcomes & closure
• Identification of event progression & reactions
• Description of recovery plan
Typical Level of Performance
Higher level of performance
Crisis
Shock denial disbelief confusion
Grief sadness Fear anger, frustration resentment
Despair overwhelmed
Dialog bargaining meaning hope


Stages of Response to Crisis
Staff need:
• Identification of what has been learned
• Consideration of how learning can be used (e.g., training & mentoring)
• Definition of changes and new roles
• Commitment to new direction
• Reward system for new behaviors
Typical Level of Performance
Higher level of performance
Crisis
Shock denial disbelief confusion
Grief sadness Fear anger, frustration resentment
Despair overwhelmed
Dialog bargaining meaning hope
Acceptance resolution learning moving on

PreCrisis preparation

Develop supportive relationships

- Develop strong relationships with state licensing and investigative authorities
- Develop positive working relationships with similar service organizations and advocacy groups in the community
- Develop good working relationship with media
- Foster strong trusting and supportive relationship between staff and supervisors
- Make clear the agency's role in supporting staff

Provide information & training

- Conduct public education on risks common in the field
- Ensure staff training and current approved credentialing related to risk areas; realistic job previews
- Conduct regular training to prepare staff for crises
- Roleplay sample investigations & media inquiries

Regulation awareness & compliance

- Be aware of reporting laws and statutes
- Ensure proper documentation & due diligence
- Be aware of the role and function of investigation, and appreciate the range of styles

During the Investigation

With the investigator

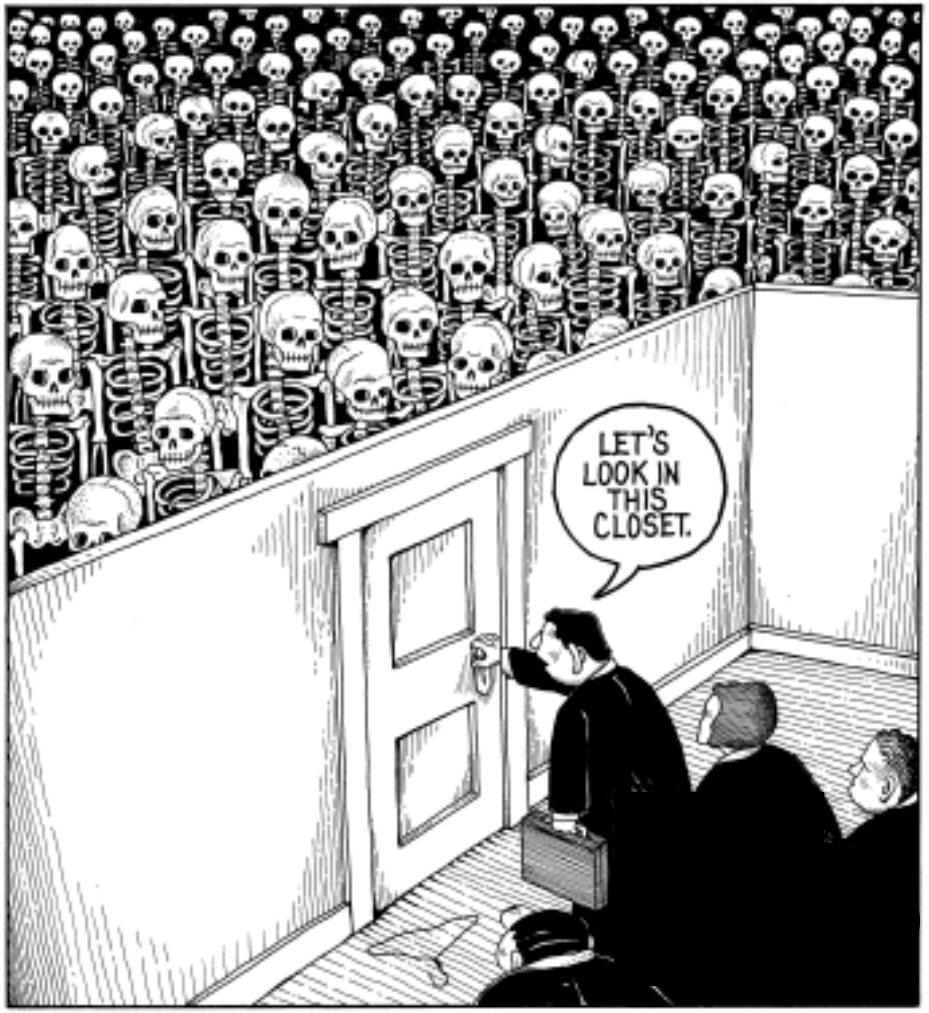
- Focus on the incident; Don’t personalize
- Answer questions directly and factually, don’t speculate
- Refer to documentation
- Don’t lie, cover up, or elaborate beyond the question
- Keep supervisors informed

During the Investigation

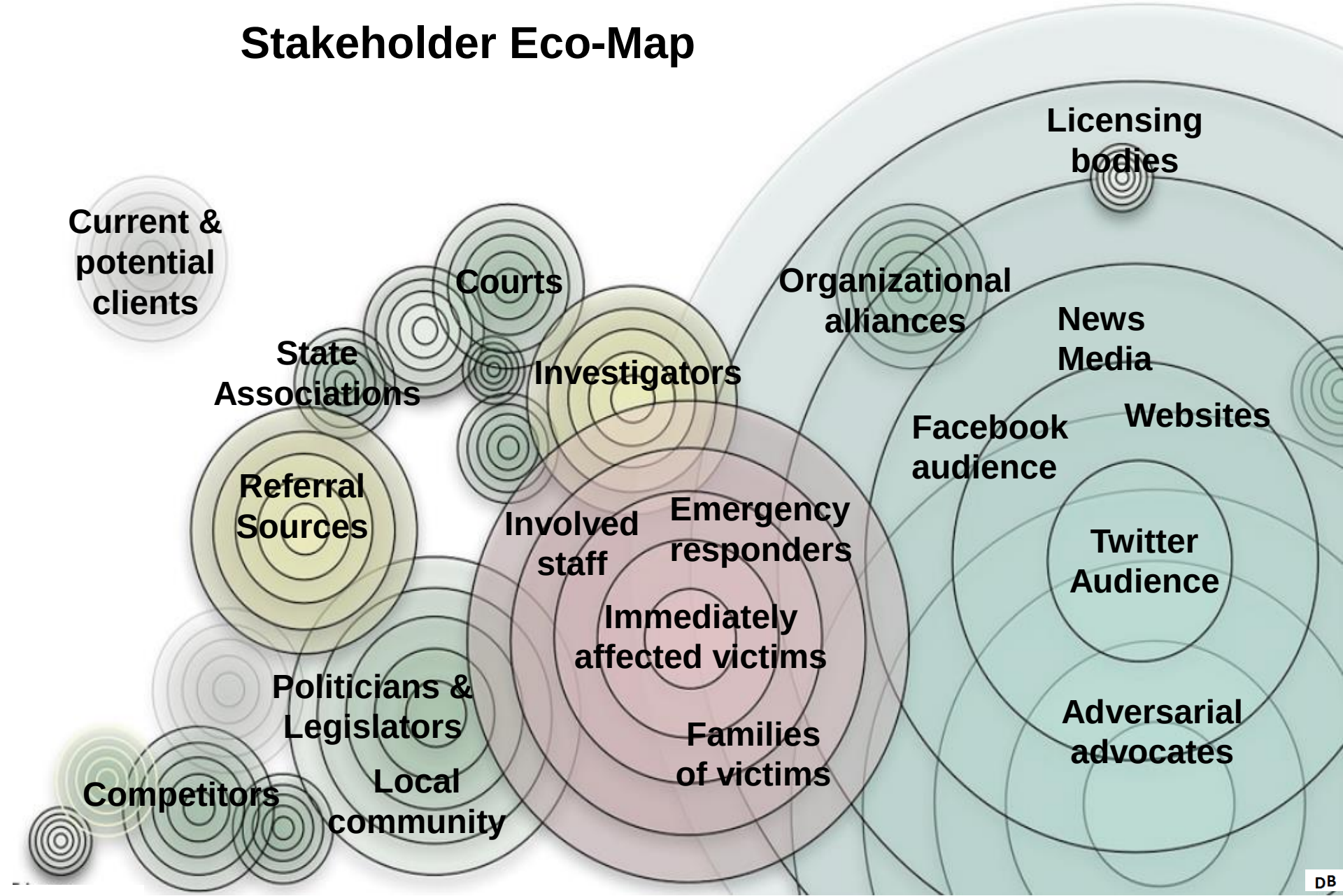
For yourself

- Avoid rumoring, excessive alcohol & caffeine, frequent complaining, or too much isolation
- Seek and use available peer and supervisor supports
- Use appropriate stress management skills (sleep, water, nutrition, exercise, relaxation, recreation, buddy-system support, etc.)
- Maintain quality of performance (request adjusted schedule ,load, time, as needed
- Ask for what you need

The Role of Public Relations in Crisis Management



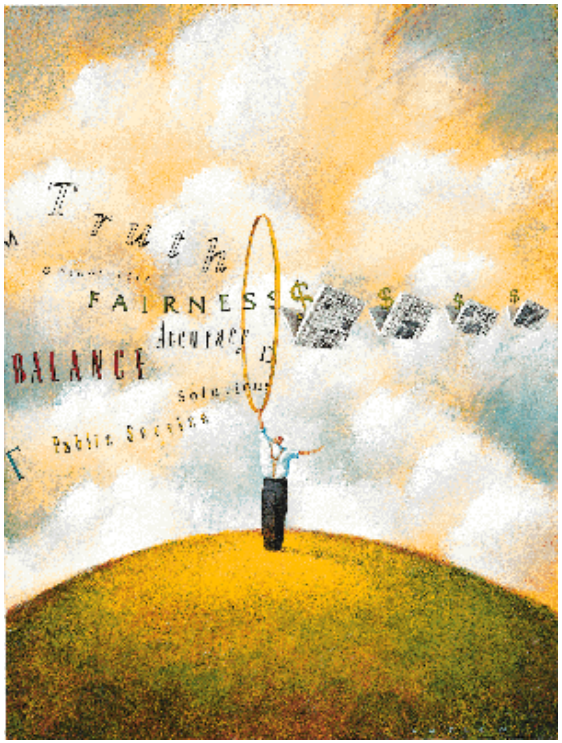
Stakeholder Eco-Map



Key goals of PR during crisis

- **Prevention:** Keep an incident from rising to the level of a crisis
- **Containment:** Keep the impact on the organization to a minimum
- **Control:** Establish organization control over the situation – including the media
- **Communication:** Transmit crisis-related messages accurately and quickly so they are received, understood, and believed
- **Positioning:** Position the organization in a positive light – caring, concerned, and taking appropriate action to correct the situation
- **Monitoring:** Ensure that crisis-related messages result in meaningful and appropriate actions.

A **credible spokesperson** is required to deliver a credible risk communication message. In low-trust, high-concern situations, credibility is assessed using four measures:



- **Empathy, caring & concern** (50% rated highest importance, usually assessed in the first 30 seconds)
- **Competence, knowledge and expertise** (15-20%; highest value for citizen groups)
- **Perceived honesty and openness** (15-20%)
- **Commitment, dedication** (15-20%; highest value for government)
- An additional 77 non-verbal cues have been documented to influence perceptions of trust and credibility (Covello, 1992a)

Confidentiality

- Details of the case and related confidential information must not be shared with unauthorized persons– including family, friends, & media
- Staff can discuss their personal reactions and seek support, but not divulge case or other confidential information
- When asked about the case, refer to the spokesperson: “Please contact [spokesperson] who has more current and accurate information than I have.”
- *Do not engage with media*– responding to questions and disclosing unrelated information is often a step to unintentionally disclosing more. Say, “I don’t know,” and move on.
- Rely on your supervisor to discuss issues and questions

Post-Investigation

Short term

- Debrief personnel in response to investigation & findings
- Ensure continued support
- Review the incident; what have we learned?
- Reaffirm purpose and value of the work

Long term

- Skill building– respond to feedback on how to improve performance and due diligence
- Career planning: explore how this has affected career interest and commitment
- Be alert to delayed and anniversary reactions
- Caution regarding long term litigation

Debriefing Controversy

- Survivors who were healthy before trauma tended to have lower PTSD (Schnyder, et al., 2001)
- Though survivors indicate appreciation for debriefing, there is little evidence that it prevents PTSD and may further traumatize people or complicate recovery (Raphael & Wilson, 2000).
- Previous trauma and severity of symptoms after the event is the best predictor of PTSD risk (McNally et al., 2003)
- Offer support services but do not force disclosure of reactions to the trauma (McNally et al., 2003).

Psychological First Aid

- **Promote safety**: Protection, provide basic needs & accurate information
- **Promote calming**: Active listening, compassion, reassurance
- **Promote connectedness**: Connect with a supportive social system
- **Promote self-efficacy**: Recognize resiliency & self help
- Promote hope: Recognize assistance, future resolution
- **Promote available help**: Refer & reassure
- **Followup**: Ensure continuity of care as needed

Psychological First Aid, MN department of Health. w*ww.health.state.mn.us/oep/responsesystems/psych**firstaid**e.ppt*

Administrators, crisis coordinators, and responders have needs too

- Let your family know what you need
- Be sure to get adequate sleep, water, nutrition
- Make sure you have time to debrief with your own supports
- Share the load, don’t try to do everything alone, use the team
- Keep yourself and others informed
- Ask about each other
- Debrief at the beginning and end of each day to consolidate information
- Practice what you preach!

Post Crisis Operational Audit

- What are the facts of what happened?
- What are the causes of the incident?
- What factors (internal/external) created vulnerability and contributed to the occurrence?
- What was done well in responding to the crisis?
- What was done that needs improvement?
- Is the organization still vulnerable to this type of crisis, or does it lead to other vulnerabilities?
- What steps can the organization take to reduce risk for future crises of this type and other?

Safety & Security Considerations

- Regular staff training on safety features, procedures and locations
- Secure data and record management
- Secure access to building, reception area, and units
- Provide well-lit and monitored parking areas; escort available
- Avoid having significant amounts of money available on premises
- Develop lockdown, saferoom, & egress procedures
- Restrict potential weapons in offices (paper weights, scissors, etc.)

http://www.osha.gov/Publications/OSHA3148/osha3148.html

- Develop reporting system for current risks & encourage ideas for reducing risk
- Ensure more than one staff (or mobile phones) for home visits, evening counseling sessions, and high risk contacts (e.g., removing a child); avoid isolation
- Identify high risk clients and others (e.g., violent spouse during divorce counseling)
- Arrange visually open meeting spaces (“Risk Rooms”) when meeting with high risk clients
- Have code words & panic buttons for emergency
- Work with police on risks, safety procedures, & response times

NASW Guidelines for Social Work Safety in the Workplace.
https://www.socialworkers.org/LinkClick.aspx?fileticket=6OEdoMjcNC0%3D&portalid=0

Organizational and Personal Resiliency

- Conduct annual (or more often) reviews of the state of the organization and what can be changed to encourage healthy behavior and resiliency
- Consider insurance benefits and work incentives from promoting healthy behavior
- Practice what we preach to our clients!: Exercise, sleep, relaxation, diet, mindfulness, thought stopping, relationships, positive self-talk, social support, etc.

“No Blame”—
The “Swiss Cheese” Model of Errors

Barriers & preventative strategies

Unpredictable alignment of errors

Making Sense of the Senseless

Tiger got to hunt, bird got to fly;
Man got to sit and wonder 'why, why, why?'
Tiger got to sleep, bird got to land;
Man got to tell himself he understand.

--Kurt Vonnegut

Making Sense

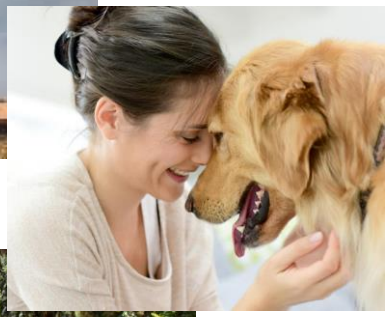
- Ineffable– no words to describe it! (debrief, support)
- WHY? What's the explanation? Understanding how it happened
- Spiritual beliefs, philosophy
- Chance, luck, "shit happens," bad things happen to good people
- Control is an illusion
- Reframing the outcome: Positive changes, what have I/we learned?, reaffirmation of who we are & why we are in the field

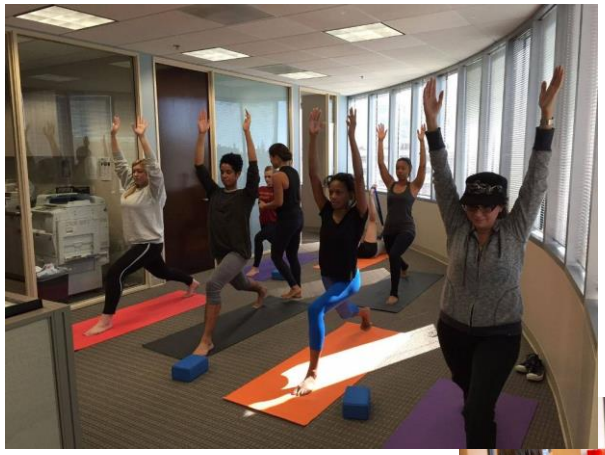
Post Traumatic *Growth*: Gratitude

- Gratitude journal
- Gratitude meditation
- Thankfulness
- Expressing appreciation to others

- Promotes health
- Confers more protection vs PTSD
- Reduced depression & mood
- Optimistic outlook

Self-care & Resiliency:
So– what works for you?





Surprise

https://www.youtube.com/watch?v=JE-Nyt4Bmi8

Resiliency

Laughter

https://www.youtube.com/watch?v=RP4abiHdQpc&t=19s

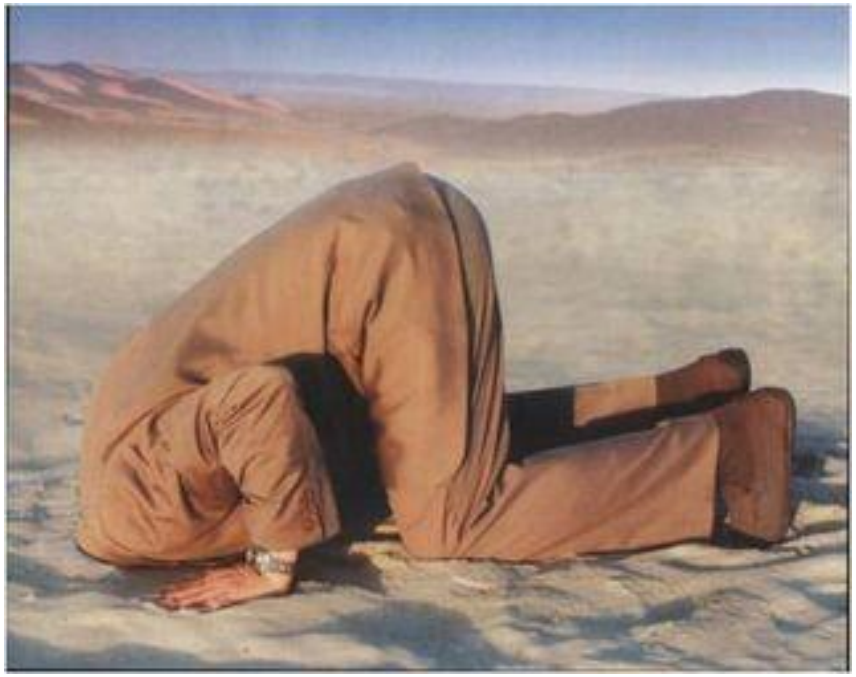
Awe

https://www.youtube.com/watch?v=qDqTBlKU4CE&t=5s

Key Points

- **Inevitability**: It's not a matter of *if* but *when*, especially in the health and human services fields
- **Risk audit**: Conduct a risk audit of likelihood & impact
- **Preparation**: Prepare staff ahead by selection, orientation, training and practice, resiliency promotion, and incident review
- **Support Networks**: Build supportive relationships with key stakeholders and educate the public
- **Inclusion**: Be certain to consider everyone affected

- **Investigation**: Hope for the best, prepare for the worst
- **Stages**: Understand the stages of reaction and what people need at each stage
- **Debriefing**: Provide a context for release, support, and learning but be aware of risks
- **Resiliency**: Workplace and personal resiliency practices– Take care of yourselves and each other!



What doesn't work…..

Q/A?